

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-047104
6659 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6659

FILED JAN 14 1963

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Rev. 4/59

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DATE AMENDED

1-3-62

1-3-62

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1-1-1895

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DOCUMENT birth certificate of deceased
BY AFFIDAVIT OF Bessie Nichols (wife)

MEDICAL CERTIFICATION

W. Young

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lloyd F. Dickmon

Licensed Embalmer No. 5120

P. O. Address KC 11, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.